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## Six Areas Lead National Early Immunization Drive

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### Synopsis .....

*On June 13, 1991, President George Bush announced in a White House ceremony a local planning effort to break down barriers and provide better access to immunization in six representative localities "to solve the problem of late immunization." (children need to be immunized appropriately by their second birthday, not just in time for school.)*

*The community "Immunization Action Plans" (IAP) are one of several Federal, State, and local responses to an outbreak of measles that produced 27,600 cases and 89 deaths in 1990.*

*The community effort and subsequent early childhood immunization plans around the country are also part of a much broader effort initiated by Secretary Sullivan as a Healthy People Year 2000 goal to increase immunization levels to at least 90 percent for the nation's children by their second birthday. These efforts also respond to 13 recommendations for improving immunization availability made by the National Vaccine Advisory Committee in January 1991. The recommendations focused on improvements in the management of immunization delivery and in methods for measuring immunization status, increasing appropriate consumer demand, and other prevention needs.*

*Although measles prompted the action, the immunization initiative is aimed also at eight other communicable childhood diseases—diphtheria, tetanus, pertussis or whooping cough, poliomyelitis, mumps, rubella, and Haemophilus influenzae type b that causes bacterial meningitis, and hepatitis B.*

*Details are described of the immunization action plans developed by Dallas, TX; Maricopa County (Phoenix), AZ; South Dakota; Detroit, MI; San Diego, CA; and Philadelphia, PA, to ensure that children are fully immunized not just by the time they enter school but by age 2 years. The six were chosen by the Centers for Disease Control as representative of many without adequate childhood immunization coverage.*

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**T**HE Department of Health and Human Services (HHS) through its Centers for Disease Control (CDC) has chosen six communities, representative of many without adequate childhood immunization coverage, to develop immunization plans as part of an across-the-nation effort to ensure that children are appropriately immunized not just by the time they enter school but by age 2 years. The six are Dallas, TX; Maricopa County (Phoenix), AZ; South Dakota; Detroit, MI; San Diego, CA; and Philadelphia, PA.

The "Immunization Action Plans" (IAP) are one of several Federal, State, and local responses to an outbreak of measles that produced 45,000 cases and more than 100 deaths in 1990.

President George Bush and the Secretary of HHS, Dr. Louis W. Sullivan, announced this ini-

tiative in a June 13, 1991, White House ceremony attended by leading public health officials, members of Congress, and immunization experts.

The effort focuses on breaking down barriers and providing better access to immunization in six representative localities "to solve the problem of late immunization."

President Bush noted that to solve the problem, "we've got to assault it from all angles and levels with public health efforts, with creative partnerships between (the public sector and) the nonprofit and the private sectors."

The six-community effort and subsequent early childhood immunization plans around the country are but one part of a much broader effort initiated by Secretary Sullivan as a Healthy People Year 2000 goal to increase immunization levels to at

least 90 percent for the nation's children by their second birthday. These efforts also respond to 13 recommendations for improving immunization availability made by the National Vaccine Advisory Committee in January 1991. The recommendations focused on improvements in the management of immunization delivery and in methods for measuring immunization status, increasing appropriate consumer demand, and other prevention needs.

Although measles prompted the action, the immunization initiative is aimed also at eight other communicable childhood diseases—diphtheria, tetanus, pertussis or whooping cough, poliomyelitis, mumps, rubella, *Haemophilus influenza* that causes bacterial meningitis, and hepatitis B.

CDC technical experts in data systems management, program administration, evaluation, coalition building, and education provided assistance in the development of the six local plans and will continue to advise during implementation of the plans. The 63 immunization projects and remaining 19 urban areas within these projects will use the model developed during the six-area effort to guide their specific plans that will be submitted to CDC by July 17, 1992.

All six areas initially selected have now completed the planning process, and they have presented their Immunization Action Plans to Secretary Sullivan.

## **Dallas**

The Dallas City and County plan emphasizes making immunization "user friendly" and includes provisions to

- provide services at convenient places and on evenings and weekends,
- relax strict appointment policies,
- use "express lane" clinic and mobile immunization teams,
- provide immunization in emergency rooms (where many low-income children get much of their care),
- reach parents when they are applying for Federal and State assistance, and
- expand the role of private medical providers in immunizing underserved children.

A total of 23 major objectives and 105 action steps to be taken over the next 8 years were agreed to by the planning participants. Altogether, 19 agencies accepted responsibility for implementing one or more action steps in the plan, and 58 organizations contributed to the planning process.

## **Maricopa County**

The Maricopa County (Phoenix) plan—the second of the six plans developed—will make immunization more accessible by innovative solutions that will

- establish at least five additional mobile immunization clinics in areas of the county with the highest measles morbidity or areas where people lack access to immunization services;
- coordinate immunization delivery with Aid to Families with Dependent Children (AFDC) and Women, Infants, and Children (WIC) Programs in the area;
- use volunteer groups, such as the Kiwanis International, for education, outreach, and support; and
- establish reminder or recall systems in all public clinics.

The plan includes several other key partners within the Phoenix area, such as the Arizona Health Care Cost Containment System that is the Medicaid provider for the State, and the Ambulatory Care Clinics.

The Maricopa County plan was developed by the county health department in cooperation with a total of 43 other public and private sector agencies within the community. Once implemented, these activities will raise immunization coverage levels and, as a result, reduce the number of children who would otherwise suffer from vaccine-preventable disease.

## **South Dakota**

The South Dakota early childhood immunization plan, using Rapid City as its model area, was the third plan to be unveiled and is the first statewide plan. It was developed by the South Dakota State Department of Health working in cooperation with other public and private sector agencies within the Rapid City community to address that community's 56 percent immunization rate for children younger than 2 years.

The South Dakota IAP will make immunization more accessible not only in Rapid City but also throughout the State. South Dakota is the first State to make a major contribution by doubling the reimbursement of physicians for immunizations to Medicaid-eligible children. The plan also contains commitments to

- make immunization services more readily accessible to AFDC enrollees,

*'Besides the expansion of services, clinics will be made more "user friendly" by eliminating barriers such as appointment only systems and financial means testing.'*

- establish screening and immunization services for pediatric patients prior to discharge from hospitals and emergency rooms statewide,
- facilitate the scheduling of immunization clinics at local county food stamp issuance offices so that they coincide with the dates when food stamps are issued,
- develop and implement a computerized system that will be capable of tracking the immunizations of Medicaid-eligible children,
- increase Medicaid reimbursement to private physicians and community health nurses for the administration of immunizations to Medicaid-eligible children,
- ensure that all children of all ages in the custody of the State are appropriately immunized,
- establish and maintain coordination of immunization activities with the Aberdeen Area Indian Health Service and the United Sioux Tribal Chairman's Health Board,
- develop and implement an information and education plan to promote age-appropriate immunizations at the community level,
- increase knowledge about the importance of immunizations in persons and agencies that provide care to preschool children, and
- propose that immunizations be given in the emergency rooms of the six Indian Health Service hospitals serving the nine largest population centers.

## **Detroit**

A recent analysis of Detroit's population of 2-year-old children showed that only 57 percent of them had received the measles-mumps-rubella immunization, and only 31 percent had received all vaccines (4 DTP, 3 OPV, and 1 MMR) by their second birthday. The Detroit city-wide plan attempts to correct this situation by improving service delivery. It will, for example,

- establish new walk-in immunization clinics offering immunizations Monday through Friday for more than 4 hours a day;
- establish a rotating team composed of at least

one public health nurse and one clerk to extend the hours for immunization services from 4 to 8 at specific sites;

- establish a new immunization service in conjunction with the WIC supplemental food program;
- establish linkages between immunization activities and Detroit area maternal and infant outreach or maternal-child health programs;
- establish and provide free immunization services to children ages 0-4 years residing in or about Detroit's public housing projects;
- assess the immunization status and immunize the eligible pediatric in-patient population at Children's and Ford Hospitals; and
- establish information and education activities through the Infant Health Promotion Coalition that has links with 63 community-based organizations.

The City of Detroit proposes to implement a multilingual "Bring Your Record" campaign to stimulate parents of at-risk children to keep good records, keep appointments, and ensure that their children are fully immunized.

The campaign will include a variety of materials such as posters, billboards, transit cards, and pamphlets, and will be promoted simultaneously by primary care centers, WIC centers, evening clinics, private health care providers, Children's Hospital, and government agencies. Immunization information packets that are audience-appropriate would be distributed through existing outreach programs like Healthy Start, Latino Outreach Program, Operation Get Down, and a number of others.

## **San Diego County**

In 1990, San Diego County reported 985 measles cases with at least three measles-associated deaths. The 1990 San Diego measles outbreak was among the largest in the country and accounted for 4 percent of all measles cases reported in the United States that year. Children less than 5 years of age accounted for 45 percent of all reported cases. It is estimated that 37 percent of the total cases occurred in Hispanics with measles incidence highest in Hispanics and African-Americans.

Although immunization completion rates by the second birthday are slightly higher in San Diego (48 percent) than either Dallas (city, 28 percent; county, 39 percent) or Detroit (31 percent), the levels are well below the established year 2000 goal.

More than 25 major health care agencies, many with multiple sites, committed in the plan to

adopting a comprehensive policy of “no barriers” to the delivery of immunization services. Approximately 48 organizations contributed to the planning process. In an unprecedented action, The Aetna Foundation provided \$50,000 to San Diego health officials to hire staff members to implement the plan and also donated health education resources and printing support for locally developed materials.

The plan consists of six program elements including service delivery, service linkages, community outreach and education, program management, and research. There are 37 objectives and 275 action steps planned to accomplish the 90-percent goal with an evaluation plan for each objective. Some of the significant aspects of the plan:

- San Diego County Health Services will double the number of immunization clinics held at satellite locations, provide a full-time, bilingual immunization team, and provide a mobile van to improve immunization services as funding becomes available.
- Governmental and community agencies are committed to obtaining support for legislation that requires youngsters entering family day care to be fully immunized and requires primary care insurance to reimburse the cost of childhood immunizations.
- WIC forms, statewide, will add immunization assessment information to screen all infants and young children enrolled in the program.
- The San Diego County Department of Social Services’ welfare offices, as well as many community organizations, will provide space for on-site immunization services or coordinate with the county health department for referral.
- A major health maintenance organization, Southern California Kaiser Permanente, will establish special immunization clinics for nonmembers at all of its 17 sites.
- The University of California at San Diego Medical Center will institute a 5-day-a-week immunization service in its pediatric clinic and provide immunizations to preschoolers in its emergency room.
- Large and small regional employers have committed to developing and implementing an ongoing system to provide all employees with childhood immunization information.
- Pending available resources, a resource center is to be established within the county health services to provide language-appropriate materials to the county’s many diverse cultures and to provide

consistent and current immunization materials targeting migrant workers, immigrants, pregnant and parenting teens, and parents of youngsters in child care facilities and schools.

- A community-based San Diego County advisory council with a broad base of expertise will be established to guide the implementation and ongoing activities outlined in the plan.

## **Philadelphia County**

In 1991, Philadelphia reported 1,314 measles cases including at least eight measles-associated deaths. Philadelphia was the only city other than New York to report more than 1,000 measles cases in 1991. Excluding an explosive outbreak of at least 485 cases in a church group that opposes vaccination, children in the 0–5-years age group represented 6 percent of the total population but accounted for 61 percent of the measles cases. Only 17 percent of those eligible for vaccination had been vaccinated. Assessment data indicate that only 46 percent of Philadelphia children are completely immunized at age 24 months. Some of the more important contributions to the Philadelphia plan include commitments to

- increase public access to immunizations through expanded hours, including evenings and weekends, express lane service, and the removal of barriers such as “appointment only” systems;
- implement policy both to assess and appropriately immunize *all children* at clinics regardless of the primary reason for the visit;
- establish new and coordinated policies to increase immunization access in five major hospitals serving the children of the community;
- establish computerized reminder, recall, and tracking systems among all public providers and pediatric hospitals;
- assess immunization levels among clients served by different programs and among target population groups based on risk factors;
- endorse uniform standards for immunization practices in both the public and private health care sectors;
- provide on-site immunizations to homeless children 0–5 years of age in the 42 family shelters and boarding homes with a registry for all that are immunized;
- provide on-site immunizations to children ages 0–24 months of age residing in and around 32 public housing developments; and
- pursue outreach and education through com-

munity-based organizations which will focus on the development of educational materials, professional education, and a mass media campaign to maintain public awareness.

### **National Initiative**

The strategy to develop Immunization Action Plans at the local level is closely coordinated with efforts at the national level by the Interagency Committee to Improve Access to Immunization Services. The Federal immunization budget has more than tripled in the past 4 years, growing from \$98.2 million in fiscal year 1988 to \$297 million in fiscal 1992.

In 1992, for the first time, the Federal Government is adding \$46 million to improve immunization delivery to preschool children. This will allow local public health care providers to add more clinics, hours and staff. Each of the immunization projects will be eligible for these funds based on the quality and merit of their plans.

The plans developed in the six areas will serve as examples for plan development nationwide. Each plan represents a broad based comprehensive effort to address a serious problem that can be solved. Specific commitments are made by health care providers in the public and private sectors as well as government, business, volunteer, and community organizations.

Each plan is unique and innovative, reflecting different problems in different parts of the country. Yet there are more similarities than differences in the plans. Besides the expansion of services, clinics will be made more "user friendly" by eliminating barriers such as appointment only systems and financial means testing. The failure to vaccinate young children, often referred to as "missed opportunities," will be reduced through the adoption of immunization practice standards and improved education.

Assessment of the true immunization levels among different population groups and among infants and young children served by different programs will be made. Information and education strategies are included in each plan with emphasis on culturally sensitive and linguistically appropriate materials that give consideration to reading levels.

Community outreach is evident through the establishment of mobile services in high morbidity or medically underserved areas or both and through the involvement of community and neighborhood organizations.

The development of Immunization Action Plans in all States, designed to raise immunization levels incrementally each year, gives significant impetus to the national goal to immunize fully at least 90 percent of the nation's children by their second birthday by the year 2000.